

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048898

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 243

FILED DEC 20 1963

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Peniscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peniscot</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u> | | c. CITY OR TOWN <u>Portageville</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Peniscot Memorial Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>Rt #2</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>William M.</u> Middle <u>Everett</u> Last <u>Everett</u> | | 4. DATE OF DEATH Month <u>December</u> Day <u>4</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/25/1885</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Bulton Co., Kentucky</u> | |
| 13a. FATHER'S NAME <u>Larry Everett</u> | | 14. NAME OF HUSBAND OR WIFE <u>Katie Lee Dial Everett</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT <u>Mrs. Katie Everett</u> Address <u>Portageville, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO (b) <u>Pulmonary emphysema</u> DUE TO (c) <u>uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> <u>Years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>acute cholecystitis</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Portageville, Mo.</u> | |
| 21. I attended the deceased from <u>August 7, 1963</u> to <u>December 3, 1963</u> and last saw him alive on <u>December</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>12/4/63</u> | |
| 22a. SIGNATURE (Degree or title) <u>Donald R. St. John, M.D.</u> | | 22b. ADDRESS <u>120 A. East main St</u> <u>Portageville, Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/6/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u> | 23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Delisle Funeral Home</u> ADDRESS <u>Portageville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-16-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph A. Neff

Licensed Embalmer No.

4481

P. O. Address

Portsmouth, N.H.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.